

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

POWERPACPLUS

ADDRESS (number and street) ▼

268 Bush Street Unit4409

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00516500

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Le

Signature of Treasurer

Lisa Le

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

POWERPACPLUS

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		21303.87
(b) Cash on Hand at Beginning of Reporting Period.....	18505.29	
(c) Total Receipts (from Line 19)	35709.00	41012.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54214.29	62315.87
7. Total Disbursements (from Line 31)	13173.16	21274.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41041.13	41041.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6530.26	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

POWERPACPLUS

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8170.00

9170.00

(ii) Unitemized

285.00

665.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8455.00

9835.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

300.00

300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8755.00

10135.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

26954.00

30877.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

35709.00

41012.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

35709.00

41012.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	54.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	54.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	5500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	370.00	370.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	370.00	370.00
29. Other Disbursements	8303.16	15350.23
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13173.16	21274.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13173.16	21274.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8755.00	10135.00
34. Total Contribution Refunds (from Line 28(d))	370.00	370.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8385.00	9765.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	54.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	54.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Stacey Abrams

Mailing Address 1912 Hosea L. Williams Dr. Unit 6

City State Zip Code
 Atlanta GA 30317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia General Assembly

Occupation

Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11AI.9820

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

B. Alicia Daly

Mailing Address 4326 Vermont Ave

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Rights at Work

Occupation

Director of Finance and Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period

20.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

C. Steve Phillips

Mailing Address 553 Arkansas St.

City State Zip Code
 San Francisco CA 94107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.9999

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1070.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. James Sandler

Mailing Address 185 Edgewood Ave.

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.10000

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Thomas

Mailing Address 60 Standish Street

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing federal political committee.

C

Name of Employer

YouthBuild USA

Occupation

Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11AI.9813

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

C. Carol H Tolan

Mailing Address 150 Columbus Ave., PH1A

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.9811

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Rachel Weinstein

Mailing Address 60 Standish Street

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

RBW Partners

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

8170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 26

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. AFL-CIO Committee on Political Education

Mailing Address 815 Sixteenth St., NW

City
Washington

State Zip Code
DC 20006

FEC ID number of contributing
federal political committee.

C C90011255

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11C.9835

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Stacey Abrams

Mailing Address 1912 Hosea L. Williams Dr. Unit 6

City State Zip Code
 Atlanta GA 30317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia General Assembly

Occupation

Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 25 / 2014

Transaction ID : SA17.9697

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

B. Helen Cagampang

Mailing Address 1015 Fresno Ave.

City State Zip Code
 Berkeley CA 94707

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : SA17.9661

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

C. Helen Cagampang

Mailing Address 1015 Fresno Ave.

City State Zip Code
 Berkeley CA 94707

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA17.9713

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 26

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Keith B Corbett

Mailing Address 302 West Main Street

City

Durham

State

NC

Zip Code

27701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Responsible Lending

Occupation

Exes Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA17.9786

Amount of Each Receipt this Period

75.00

Non-contribution account. Earmarked through
Democracy Engine

Full Name (Last, First, Middle Initial)

B. Keith B Corbett

Mailing Address 302 West Main Street

City

Durham

State

NC

Zip Code

27701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Responsible Lending

Occupation

Exes Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA17.9707

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

C. Victoria Lauterbach

Mailing Address 1860 N Scott ST Apt 536

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadwalader, Wickersham & Taft

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA17.9741

Amount of Each Receipt this Period

75.00

Non-contribution account. Earmarked through
Democracy Engine

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Victoria Lauterbach

Mailing Address 1860 N Scott ST Apt 536

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadwalader, Wickersham & Taft

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

Transaction ID : SA17.9722

Amount of Each Receipt this Period

25.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

B. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Next Gen Climate Action

Occupation

Strategic Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

Transaction ID : SA17.9759

Amount of Each Receipt this Period

100.00

Non-contribution account. Earmarked through
Democracy Engine

Full Name (Last, First, Middle Initial)

C. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Next Gen Climate Action

Occupation

Strategic Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA17.9776

Amount of Each Receipt this Period

100.00

Non-contribution account. Earmarked through
Democracy Engine

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. James Sandler

Mailing Address 185 Edgewood Ave.

City State Zip Code
San Francisco CA 94117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA17.9729

Amount of Each Receipt this Period

18000.00

Non-contribution account.

Full Name (Last, First, Middle Initial)

B. Jeffrey Thomas

Mailing Address 60 Standish Street

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

YouthBuild USA

Occupation

Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA17.9689

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

C. Carol H Tolan

Mailing Address 150 Columbus Ave., PH1A

City State Zip Code
New York NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA17.9668

Amount of Each Receipt this Period

3000.00

Noncontribution account.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Rachel Weinstein

Mailing Address 60 Standish Street

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

RBW Partners

Occupation

Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA17.9690

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

21645.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Bonnie Watson Coleman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Mailing Address 180 Upland Avenue

City	State	Zip Code
Ewing	NJ	08638

Transaction ID : SB23.9845Purpose of Disbursement
Political Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Bonnie Watson ColemanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District:

Full Name (Last, First, Middle Initial)

B. Mayor Pete Aguilar

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address P.O. Box 10954

City	State	Zip Code
San Bernardino	CA	92523

Transaction ID : SB23.9859Purpose of Disbursement
Political Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Pete AguilarCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District:

Full Name (Last, First, Middle Initial)

C. Rep. Steven Horsford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address 6100 Elton Ave., Suite 1000

City	State	Zip Code
Las Vegas	NV	89107

Transaction ID : SB23.9856Purpose of Disbursement
Political Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Steven HorsfordCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement
Noncontribution account. Refund.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SB28A.9959

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement
Noncontribution account. Refund.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : SB28A.9961

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB29.9867

Amount of Each Disbursement this Period

29.46

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SB29.9880

Amount of Each Disbursement this Period

10.72

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB29.9871

Amount of Each Disbursement this Period

6.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.70

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : SB29.9884

Amount of Each Disbursement this Period

3.96

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB29.9886

Amount of Each Disbursement this Period

12.46

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB29.9888

Amount of Each Disbursement this Period

8.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.17

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB29.9893

Amount of Each Disbursement this Period

6.92

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB29.9896

Amount of Each Disbursement this Period

7.12

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB29.9899

Amount of Each Disbursement this Period

12.07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.11

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

POWERPACPLUS

A. ActBlue Technical Services

Date of Disbursement

Transaction ID : SB29.9903

00:

Category/
Type

Amount of Each Disbursement this Period

3.17

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB29.9906

00

Category/
Type

Amount of Each Disbursement this Period

12.30

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Date of Disbursement

Transaction ID : SB29.9908

Category/
Type

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	4.15
18-24	3.8
25-34	3.5
35-44	3.2
45-54	2.9
55-64	2.6
65-74	2.3
75-84	2.0
85+	1.7

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

19.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Friends for Flores

Mailing Address 420 N. Nellis Blvd. Suite A3-87

City
Las VegasState
NVZip Code
89110Purpose of Disbursement
Noncontribution account. Political Contribution

011

Candidate Name

Lucy FloresCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SB29.9848

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Rebecca Thompson for State Representative District 1 MI

Mailing Address P.O. Box 241106

City
DetroitState
MIZip Code
48224Purpose of Disbursement
Noncontribution account. Political Contribution

011

Candidate Name

Rebecca ThompsonCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB29.9853

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. PowerThru LLC

Mailing Address 3205 Lincoln St.

City
ColumbiaState
SCZip Code
29201Purpose of Disbursement
Noncontribution account. Website design fees.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB29.9863

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. PowerThru LLC

Mailing Address 3205 Lincoln St.

City	State	Zip Code
Columbia	SC	29201

Purpose of Disbursement
Noncontribution account. Website design fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SB29.9864

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PVL Accounting Services

Mailing Address 44 Montgomery St Suite 2310

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement
Noncontribution account. Accounting.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : SB29.9862

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

8117.60

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Marquita Campbell

Nature of Debt (Purpose):

Noncontribution account. Notetaker

Mailing Address 11710 Old Georgetown Rd. Unit 1303

City State

Zip Code

North Bethesda

MD

20852

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9982

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Amy Chen

Nature of Debt (Purpose):

Noncontribution account. Travel Expenses

Mailing Address 1807 Monroe St. NW

City State

Zip Code

Washington

DC

20010

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9975

Amount Incurred This Period

84.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Linda Darling-Hammond

Nature of Debt (Purpose):

Noncontribution account. Travel Expenses

Mailing Address 835 Pine Hill Rd.

City

State

Zip Code

Stanford

CA

94305

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9981

Amount Incurred This Period

436.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

620.83

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Integrated Digital Media

Nature of Debt (Purpose):

Noncontribution account. Printing of Labels

Mailing Address 441 California St.

City State

Zip Code

San Francisco

CA

94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9979

Amount Incurred This Period

43.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Integrated Digital Media

Nature of Debt (Purpose):

Noncontribution account. Copying & Printing.

Mailing Address 441 California St.

City State

Zip Code

San Francisco

CA

94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9980

Amount Incurred This Period

75.78

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DeJuan Patterson

Nature of Debt (Purpose):

Noncontribution account. Note taker #2

Mailing Address 9422 Trevino Terrace

City

State

Zip Code

Laurel

MD

20708

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9978

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

219.73

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Peake DeLancey Printers

Nature of Debt (Purpose):

Noncontribution account. Printing of booklets

Mailing Address 2500 Schuster Dr.

City State

Zip Code

Cheverly

MD

20781

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9983

Amount Incurred This Period

2493.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2493.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PowerPAC.org

Nature of Debt (Purpose):

Noncontribution account. Monthly Database
Online fee.

Mailing Address 44 Montgomery St., Suite 2310

City State

Zip Code

San Francisco

CA

94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9984

Amount Incurred This Period

249.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

249.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PowerPAC.org

Nature of Debt (Purpose):

Noncontribution account. Monthly database
online fees.

Mailing Address 44 Montgomery St., Suite 2310

City

State

Zip Code

San Francisco

CA

94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9985

Amount Incurred This Period

729.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

729.70

1) **SUBTOTALS** This Period This Page (optional)..... ►

3471.70

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PowerThru LLC

Nature of Debt (Purpose):

Noncontribution account. Monthly list building services

Mailing Address 3205 Lincoln St.

City State

Zip Code

Columbia

SC

29201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9986

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Andrew Wong

Nature of Debt (Purpose):

Noncontribution account. Travel Expenses

Mailing Address 300 3rd St.

City State

Zip Code

San Francisco

CA

94107

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9976

Amount Incurred This Period

218.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

218.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2218.00

2) **TOTALS** This Period (last page this line number only)..... ►

6530.26

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6530.26